2007 FOR PROFIT CORPORATION

Jul 11, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P95000009686 07-11-2007 90078 005 ***550.00 1. Entity Name ROBERT H. FELMAN, M.D., P.A. Principal Place of Business Mailing Address 40167 1041 RIDGEWOOD AVE 1041 RIDGEWOOD AVE VENICE, FL 34292 VENICE, FL 34292 No Chg-P CR2E034 (11/05) 07052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0552007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELMAN, ROBERT H DO NOT WRITE 1041 RIDGEWOOD AVE VENICE, FL 34292 IN THIS SPACE 85 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 19 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE FELMAN, ROBERT H STREET ADDRESS 1041 RIDGEWOOD AVE VENICE, FL 34202 34285 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED